EXHIBIT C

•	<u> </u>
UNITED STATES BANKRUPTCY COURT PROBERRIGT OF NEVADA	OOF OF CLAIM
Name of Debtor Case N	lumber en
USA Commercial Mortgage Co. 06	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has field a proof of claim relating to your claim Attach copy of
Name of Creditor and Address	statement giving particulars
Dennis RAGGI PO Box 10475	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
Zcanga Cose, Wesala 89498-2475	Check box if this address differs from the address on the envelope sent to you by the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number () 775 901 1357	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends
	benefits as defined in 11 U S C § 1114(a) III Unremitted principal
☐ Services performed ☐ Taxes ☐ Last for	salanes and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe bnefly) Unpaid ☐ FRAU.D	compensation for services performed from to
	(date) (date) COURT JUDGMENT, DATE OBTAINED
10 30 04	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations.	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is	a nght of setoff)
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to pnority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)
business, whichever is earlier 11 U.S.C. § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 100 5	with respect to cases commenced on or after the date of adjustment \$\$\$\$\$ 10451.74
AT TIME CASE FILED	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim. Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s running accounts, contracts, court judgments, mortgages security agreemen DOCUMENTS If the documents are not available explain. If the documents	uch as promissory notes, purchase orders invoices itemized statements of its, and evidence of perfection of lien. DO NOT SEND ORIGINAL
	your claim enclose a stamped self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NO" THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation).	ng Pacmic time, on November 13, 2006 USE ONLY Ins., joint ventures trusts and
governmental units)	OR OVERNIGHT DELIVERY TO
BMC Group BMC Gro	up l
P O 5ox 911 / 1330 Eas	ACM Claims Docketing Center of Franklin Avenue FILED JAN 0 8 2007
El Segundo CA 90245-091 : El Segun DATE SIGN and print the name and title, if any of the creditor of	GO OA 50245
12-29-2006 this claim (attach copy of power of attorney if any)	A new herson smitolised to the
With Dennis	24661
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	TISA CIVIC
	1012001070

FORM B10 (Official Form 10) (10/05)					
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Debtor	Case Number	I NOO! O! OLAW			
USA Commercial Mostance Comp	m/ 06-10725-LBR				
NOTE This form should not be used to make a claim for an admit	nistrative expense arising after the commencement				
of the case A request" for payment of an administrative expense i	nay be filed pursuant to 11 USC. § 503				
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone				
debtor owes money or property)	else has filed a proof of claim relating to your claim. Attach copy of statement				
Dennis Racci, a married men dealing with his sole a seprente property Name and address where notices should be sent	giving particulars				
Name and address where notices should be sent	Check box if you have never received any				
Dennis RAGGI	notices from the bankruptcy court in this case	1			
PO Box 10475, ZERMYR COUR, NV 89448	Check box if the address differs from the				
Telephone number 775- 901- 1357	address on the envelope sent to you by the court.	THIS SPACE IS HOR COURT USE ONLY			
Last four digits of account or other number by which creditor	Check here X replaces	19-28-0/0			
identifies debtor	of this claim amends a previously filed of	claim dated 12 2100			
1 Basis for Claim	Retiree benefits as defined in [1]				
Goods sold Services performed	Wages salaries, and compensation Last four digits of your SS #	n (fill out below)			
Money loaned	Unpaid compensation for service	s performed			
Personal injury/wrongful death	fromto_				
Taxes Sce Exhibit A	(date)	(date)			
2. Date debt was incurred	3. If court judgment, date obtained:				
November 2003					
4 Classification of Claim Check the appropriate box or boxes	that best describe your claim and state the amount of	the claim at the time case filed			
See reverse side for important explanations Unsecured Nonpriority Claim \$ 2,442,034 35	Secured Claim				
Check this box if a) there is no collateral or lien securing yo	Check this box if your claim is se	cured by collateral (including			
b) your claim exceeds the value of the property securing it or if c	our claim, or a right of setoff) none or	•			
only part of your claim is entitled to priority	Brief Description of Collateral	. [
Unsecured Priority Claim	Real Estate Motor Vel				
Check this box if you have an unsecured claim all or part of entitled to priority	witch is				
Amount entitled to priority \$	Amount of arrearage and other charges secured claim if any \$ 36,898	, at time case fried included in			
Specify the priority of the claim					
in in the second second	Up to \$2,225* of deposits toward purcha or services for personal family, or house	shold use - 11 U.S C			
Domestic support obligations under 11 U S C \(507(a)(1)(A) \((a)(1)(B) \)					
Wages salaries, or commissions (up to \$10 000),* earned with	Taxes or penalties owed to governmental				
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U S C § 507(a)(4)	stor,8 [] Other - Phecity applicable batafabil of				
Contributions to an employee benefit plan - 11 U S C. § 5070	*Amounts are subject to adjustment on 4/1/07 a)(5) with respect to cases commenced on or a	and every 3 years thereafter feer the date of adjustment			
5 Total Amount of Claim at Time Case Filed	\$ 2,442,034 3× 2,442,03435	2,442,034 35			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits: The amount of all payments on this claim has been	r credited and deducted for the nursuan of				
making this proof of claim		S SPACE IS FOR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting documents	nents, such as promissory notes, purchase				
orders invoices, itemized statements of running accounts, contragreements, and evidence of perfection of him. TO NOT STA	acts, court judgments, mortgages, security				
agreements, and evidence of perfection of lien DO NOT SEM documents are not available explain. If the documents are volu	IMINOUS, attach a summary	A CO			
8. Date-Stamped Copy: To receive an acknowledgment of the fi	iling of your claim, enclose a stamped, self-	INN 1 2 2001			
addressed envelope and copy of this proof of claim	FLED	JAN 1 2 2007			
file tins claim (attach copy of power of atto					
1/8/2007					
1 20 V V (SQ)		1			
Penulty for presenting fraudulent claim. Free of up to \$500,000 or	r imprisonment for up to 5 years, or both 18 U	USA CMC			
		1072502226			

FORM B10 (Official Form 10) (10/05)

UNITED STATES BA	ANKRUPTCY COURT	Dis	TRICI	OF Nevar	la	
UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada Name of Dictor Case Number			PROOF OF CLAIM			
	rcial Montgage Company	Case	Number 6-10	725-	LBR	
	d not be used to make a claim for an adminis					
	for payment of an administrative expense ma					
	person or other entity to whom the	1 1 1		•	are that anyone	
debtor owes money or p	oroperty) Wer Trustee of the			•	claim relating to of statement	
RGF Revocab	de Trustet		ng partic			
	re notices should be sent				ever received an ptcy court in this	
Robert Fuller		case		i uie vankiuj	picy court in tim	
SITE English Las Vegas, NV	Dalsy Way (89442)	1 🗀			differs from the sent to you by	
Telephone number -	02 207-4991		court	ne envelope	sent to you by	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account dentifies debtor	unt or other number by which creditor		ck here	replaces		المامل المامل
		ii tn	us claum	amends	a previously r	iled claim dated
1 Basis for Claim						111 USC § 1114(a)
Goods sold Services per	formed				its of your SS #	sation (fill out below)
Money loan	ied					rvices performed
T *	ury/wrongful death		f			
Other Sea	c Exhibit A				(date)	(date)
2 Date debt was in	ncurred	3	If cou	ırt judgmer	nt, date obtain	ed
April 200	<u> </u>					
4 Classification of Cl	laim Check the appropriate box or boxes th	at best des	cribe yo	ur claım and	state the amou	nt of the claim at the time case filed
	important explanations rity Claim \$ 243,523.62		Secu	red Claim		
	The state of the s	raloum on	الله ا	Check this I	box if your clain	is secured by collateral (including
b) your claim exceeds to only part of your claim	a) there is no collateral or lien securing you the value of the property securing it or if c) is	none or	a rigi	nt of setoff)		
			1		iption of Collate	
Unsecured Priority Claim Real Estate Motor Vehicle Other						
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$ secured claim if any \$3,523.						
			L			·
Specify the priority of the c			Op to \$	ces for person	eposits toward p onal family or l	urchase lease or rental of property nousehold use 11 U S C
(a)(1)(B) $\delta C = 50/(a)(1)(A)$ or $\delta C = 50/(a)(1)(A)$						
Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Wages salaries or commissions (up to \$10 000) * earned within 180 Other Second commissions (up to \$10 000) *						
days before filing of the	bankruptcy petition or cessation of the debic	or s				sh of 11 USC § 507(a)()
business whichever is earlier 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment						
	f Claim at Time Case Filed				43.523.62	243,523,62
-		_	(unsecu	red)	(secured)	(priority) (Total)
interest or additional	aim includes interest or other charges in add al charges	iition to th	e princip	oal amount o	of the claim Att	ach itemized statement of all
6 Credits The am	nount of all payments on this claim has been	credited a	nd dedu	cted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of						
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security						
agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the					ILED JAN 11 2007	
documents are not available explain If the documents are voluminous attach a summary					FILED JAIN TT	
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- addressed envelope and copy of this proof of claim						
Date S	Sign and print the name and title if any of the	ne creditor	or othe	r person auti	horized to	
] f1	ile this claim (attach copy of power of attor	ney if any	')		,	USA CMC
1-10-07	Hober a Fully 7	با. م سا	-O D			
	, wy w/www. /	rust	20			1072502097

Case 06-1	10725-awz Doc 8	<u>849-3</u>	Entered 08/06/11	<u> 14:32:45 </u>	Page 5 of 7
UNITED STATES BANKRU DISTRICT OF NE	210Y (60UR) /45/4	PRC	OF OF CLAIM		
Name of Debtor		Case Nu	mber		
USA Commercial Mortgage	Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors are this form should not be used to make a claimsing after the commencement of the castidiministrative expense may be filed pursuate.	aim for an administrative exp		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	銀線線機構 4400404480004		statement giving particulars		
TODD SINETT & WENDY		1	Check box if you have		
11 CEDAR LN			never received any notices from the bankruptcy court or		IS PROOF OF CLAIM FOR A
SANDS POINT NY 11050	-1334		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
	326-5523		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()		4.554.5	court	THIS SPAC	E IS FOR COURT USE ONLY
ast four digits of account or other number	by which creditor identifies of	deptor	Check here replace or if this claim amen	a previously	filed claim dated
BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	al ınjury/wrongful death	Wages s	alanes and compensation (f	fill out below)	Other claims against servicei (not for loan balances)
Services performed Taxes	loogaha haafiy)		digits of your SS #		(not for loan balances)
Money loaned Other (c	lescribe briefly)	Unpaid c	ompensation for services per	formed from	to
DATE DEBT WAS INCURRED Augus	st 2005	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
CLASSIFICATION OF CLAIM Check					the time case filed
See reve se side for important explanations			SECURED CLAIM		
JNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral of	or lien securing your claim, or hi	vour claim	* Check this box if yo	our claim is secui	red by collateral (including
exceeds the value of the property securing			a nght of setoff)		
entitled to priority NSECURED PRIORITY CLAIM			Bnef description of	_	
Check this box if you have an unsecured of	laim all or part of which is		****Real Estate		
entitled to pnority			Value of Collateral	\$More t	than \$100,000
Amount entitled to priority \$					at time case filed included in
Specify the priority of the claim	0.		secured claim if any	P	
Domestic support obligations under 11 U S		L	Up to \$2 225* of deposits towa services for personal family o		
Wages salaries or commissions (up to \$1 before filing of the bankruptcy petition or c	essation of the debtor's		Taxes or penalties owed to gove		• () ()
business whichever is earlier 11 USC	•,		Other Specify applicable para	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan	11 0 5 C 9 507(a)(5)		* Amounts are subject to adjus with respect to cases commen		
TOTAL AMOUNT OF CLAIM \$	\$	100,00			\$ 100,000
AT TIME CASE FILED	(unsecured)		ecured)	(priority)	(Total)
] Check this box if claim includes interest of	r other charges in addition to th	e principal a	amount of the claim Attach iter	nized statement o	of all interest or additional charges
CREDITS The amount of all payment	s on this claim has been cred	dited and d	educted for the purpose of m	aking this proof	of claim
SUPPORTING DOCUMENTS Atta	ch copies of supporting docu	<i>ıments,</i> su	ch as promissory notes purc	hase orders inv	orces itemized statements of
running accounts contracts court judg DOCUMENTS If the documents are n					1 SEND ORIGINAL
DATE-STAMPED COPY To recei	ve an acknowledgment of the	e filing of y	our claim enclose a stamped	l self-addressed	envelope and copy of this
proof of claim					
The original of this completed proof ACCEPTED) so that it is actually rec					THIS SPACE FOR COURT USE ONLY
for each person or entity (including					002 01121
governmental units) BY MAIL TO			OR OVERNIGHT DELIVERY TO	d	ILED NOV 1 3 2006
BMC Group Attn USACM Claims Docketing Center	r	Attn USA	յթ CM Claims Docketing Center	•	ILLED IAO A T O COOD
P O Box 911 El Segundo CA 90245-0911		1330 East	Franklin Avenue to CA 90245		
	nt the name and title if any of th				USA CMC
this cla	ım (attach copy of power of at ıl on				1072501386
11/8/06 Todd	Sinett	Men			

Case 06-10725-gwz Doc 8849-3 Entered 08/06/11 14:32:45 Page 6 of 7 **FORM B10** (Official Form 10) (10/05)

See reverse side for important explanations Unsecured Nonpriority Claim \$ 719,059 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10.000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Total Amount of Claim at Time Case Filed Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Walue of Collateral W	1 011		
Name of Dichter USA Commercial Mortgage company NOTE This form should not be used to make a claim for an administrative expense arrang after the commencement of the case. A request for payment of an administrative expense arrang after the commencement of the case. A request for payment of an administrative expense arrange after the commencement of the case. A request for payment or good and administrative expense arrange after the commencement of the case. A request for payment or good and administrative captures are payment of the case. Name of Coduter (The person or other cast) when the case of the basis field a proof of claim relating to your statement giving parts dars. Name and calcitive where notices should be vent furniversal Management in a few depts of account or other number by which creditor and continues of the basis field a proof of claim relating to your statement giving parts dars. Last four digits of account or other number by which creditor and continues of the court. 1. Basis for Claim 2. Basis for Claim 3. Returce benefits as defined in 11 U.S.C. § \$1114(a) 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim of compensation (fill out below). Last four digits of your Size. 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case files see receives doff in important explanations. 1. Check this box if you have an unsecured claim all or part of which is emitted to princity. 2. Check this box if you have an unsecured claim all or part of which is calcition of the claim as the time case filed in part of the p	Unlift States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Creditor (The person or other entity or whom the dubror own, on party \$6000000000000000000000000000000000000	Name of Dubtor USA Commercial Mortgage company	Case Number 06-10725-LBR	1,100, 0, 00
dubtor owers, goney, or, gongestly ment ine, a Nevada Corporation Name, and address where notices should be sent Universal Management from the gongest of the sent of the post of the gongest of the sent of the			
Name, and address wround a design of the court. In word and Management Inc. Bodol Patroniver Wood Blame, WA 98230 Telephone number (360)861-4463 Telephon	dcbtor owes money or property) Universal Management inc ,a Nevada	else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Last four digits of account or other number by which creditor dentifies debt cannifies a defined in 11 U S C § 1114(a) Reass for Claim Goods sold Services performed Money Joaned Personal injury/wrongful death Taxes See Exhibit A Other 2 Date debt was incurred O6-01-20004 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed see reviewers sed for important explanations Unsecured Nonpriority Claim \$, 719,059 These has box of 1) there is no colliseral or hen securing your claim, or all your claim is entitled to priority Unsecured Priority Claim Check this box if your claim is entitled to priority Unsecured Priority Claim Check this box if your claim is secured by collisteral (including arghin of security) Unsecured Priority Claim Check this box if your claim is secured by collisteral (including arghin of security) Unsecured Priority Claim Check this box if your claim is secured by collisteral (including arghin of security) Unsecured Priority Claim Check this box if your claim is secured by collisteral (including arghin of security) Unsecured Priority Claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Specify the priority of the claim Check this box if your claim is entitled to priority Check this box if your claim is entitled to priority Check this box if your claim is entitled to priority Check this box if your claim is entitled to priority Check this box if claim included in priorit	Universal Management Inc 8080 Harborview Road Blaine, WA 98230	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Goods sold Services performed Winey loaned Personal injury/wrongful death Taxes See Exhibit A Other 2 Date debt was incurred O6-01-20004 3 If court judgment, date obtained 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed specified in the country of the claim of the propriate security of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is specify the priority of the claim Check this box if you have an unsecured claim all or part of which is secured claim if any \$\frac{1}{2}\$. [Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is secured claim if any \$\frac{1}{2}\$. [Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is secured claim if any \$\frac{1}{2}\$. [Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is secured claim if any \$\frac{1}{2}\$. [Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is secured claim if any \$\frac{1}{2}\$. [Unsecured Priority Claim Check this box if of all michael the priority claim is secured claim. Altach tremzed state	Last four digits of account or other number by which creditor		ed claim dated
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Sec reverse side for important explanations Unsecured Nonpriority Claim s, 719,059 ☐ Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of which is entitled to priority Insecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of which is entitled to priority Specify the priority of the claim ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of Claim at Time Case Filed 1	Goods sold Services performed Money loaned Personal injury/wrongful death	Wages salaries and compensa Last four digits of your SS # Unpaid compensation for serv	ation (fill out below) uces performed
Sec reverse side for important explanations Unsecured Nonpriority Claims \$ 719,059 Check this box if a) there is no collateral or lien securing your claim, or by your claim is settlifed to priority Unsecured Priority Claim Check this box if your claim is settlifed to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10.000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor subsiness whichever is earlier 11 U.S.C. § 507(a)(4) Check this box if your claim is secured by collateral (including a right of setoff) Unsecured Priority Claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10.000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach as summary Date Supporting Documents Attach copy of power of attorney if any) Supporting Documents and evidence of perfection of len Do NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach as summary Bate Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addresse	2 Date debt was regumed		
Total Amount of Claim at Time Case Filed Strate of Claim includes interest or other charges in addition to the principal amount of the claim of the claim interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary Date Sign and print the name and title if any, of the creditor or other person authorized to file the claim (attach copy of power of attorney if any) THIS SPACE IS FOR COURT USI ONLY THIS SPACE IS FOR CO	Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	which is Brief Description of Collatera Real Estate Motor Value of Collateral \$ unl Amount of arrearage and other char secured claim if any \$ 10,712 Up to \$2 225* of deposits toward pur or services for personal family or ho \$ 507(a)(7) Taxes or penalties owed to government of the secured claim is a particular of the secured claim in the secured claim is a particular of services for personal family or ho or \$ 507(a)(7) Taxes or penalties owed to government of the secured claim is a particular or services for personal family or ho \$ 507(a)(7) Taxes or penalties owed to government of the secured claim is a particular or services for personal family or ho \$ 507(a)(7)	Nown The second of the second
This Space is low Court Usi Only making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary. 8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).	5 Total Amount of Claim at Time Case Filed	\$ 719,059 719,059 (unsecured) (secured) (719,059
7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	6 Credits The amount of all payments on this claim has bee		
Date Sign and print the name and title if any, of the creditor or other person authorized to file threclaim (attach copy of power of attorney if any) USA CMC	7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEI documents are not available explain. If the documents are voluments are not available explain if the documents are voluments are voluments are voluments.	racts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the uminous, attach a summary	LED JAN 11 2007
	Date Sign and print the name and title if any, of file threclaim (attach copy of power of attach copy of attach copy of power of attach copy of attach copy of attach copy of power of attach copy of attach co	orney if any)	USA CMC

UNITED STATES BANKRUPTCIWCOURTOC 8849 DISTRICT OF NEVADA	-3PR€	DOF OF CLAIM	1 8 8 8 8 1 1 1 1	AIM IS SCHEDULED AS:
Name of Debtor:	Case Number:		Schedule/Claim Ii	
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	ation
			\$35,750.73 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address: 113212400 MAZAL YERUSHALMI 8904 GREENSBORO LN LAS VEGAS, NV 89134-0502	03568	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or D filed. If you have alro Bankruptcy Court	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. Sown above are listed as Contingent, disputed, a proof of claim must be peady filed a proof of claim with the or BMC, you do not need to file again. EE IS FOR COURT USE ONLY
Creditor Telephone Number () 70ス 名6 9 5000 Last four digits of account or other number by which creditor identifies	dobtor		THIS SPAC	E IS FOR COURT USE ONLY
	GEDIOI:	Check here repla if this claim amer	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U.S	.C. § 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful death	-	salaries, and compensation	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)		r digits of your SS #:		(Hot for loan balances)
Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED: 2004 - 2006	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations.				e time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.		a right of setoff).		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entitled to priority. Amount entitled to priority \$		Value of Collateral	· ·	
Specify the priority of the claim:		Amount of arrearage a secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits toward	rd ourchase Jease	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		- ,,,,,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L_	Other - Specify applicable para * Amounts are subject to adjus	tment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$	3145	with respect to cases commen タス・クラ \$	cea on or after the o	s salustment.
AT TIME CASE FILED: (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	•	•	,,	, ,
 CREDITS: The amount of all payments on this claim has been cree SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security and DOCUMENTS. If the documents are not available, explain. If the companion of the proof of claim. 	<i>ıments</i> , su agreemen documents	uch as promissory notes, pur ts, and evidence of perfectio s are voluminous, attach a su	chase orders, inv n of lien. DO NO mmary.	voices, itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	ı, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:	•			USA CMC
BMC Group	BMC Gro			107250000
Attn: USACM Claims Docketing Center P. O. Box 911		ACM Claims Docketing Cente It Franklin Avenue	r	1072500961
El Segundo, CA 90245-0911	El Segun	do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorned)	creditor or ey, if any):	other person authorized to file		FILED NOV 0 1 2006
10.30.06 mazal yerushalm				, -